

**DePelchin Children's Center and Affiliates (DePelchin, The Center)  
Acknowledgment and Release Form**

**Video Surveillance Notification for Employees of DePelchin & others  
{Interns, Volunteers, Residents, Contractors, Temporaries, etc.} associated with the Center**

I understand that for the security of employees of DePelchin, the clients of DePelchin, others associated and the public, my actions in the public areas, patient care areas, and any hallway ("Surveillance Areas") of DePelchin may be monitored through the use of video surveillance equipment. I understand and acknowledge that I do not have an expectation of privacy in Surveillance Areas.

I understand and acknowledge that if DePelchin determines that I have engaged in conduct that is not in the best interest of DePelchin or its clients, I may be subject to the termination of my employment or association.

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Applicant's Signature

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Applicant's Printed Name

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Date